OFFICIAL RESPONSES TO VENDOR QUESTIONS
RFP-2021-DCYF-03-COMMU

No.	Question	Answer
1.	**Section 1, Introduction** Since this is an RFP, could our organization apply for and is it a separate service from HBT and ISO? Would be an additional service to our in-home program?	Any organization with a NH Certificate of Good Standing can apply for this program. Yes, CB-VS is a separate service from ISO and HBT. CB-VS is a prevention service for families recently assessed by DCYF but who are not involved through an open case.
2.	**Section 1.3 Background on DCYF** Please define “in crisis” as defined foe a CB-VS family--- is on-call expected as part of this service?	DCYF provides examples of “in crisis” in the RFP. Please see *2.2 Scope of Services, Phase 1, Family Stabilization.* DCYF is not mandating on-call services as part of this RFP, but if the provider believes that on-call services would be necessary to meet the needs of the target population, you are welcome to propose that in your technical and cost applications.
3.	**Section 1.4 Program goals and strategic priorities** Our collaboration would also be interested in seeing (family) #’s by town. For example, if 4 agencies apply for one grant each, town numbers will tell us where to house/locate the resources for that area.	Please see the information provided at the bottom of this Q&A document.
4.	**Section 1.4 Program goals and strategic priorities** Will the State require use of CANS as the required Assessment Tool? Who will administer the Assessment, the provider or the state? How will the results be shared with the provider?	DCYF plans to implement the CANS, info about which is forthcoming. More generally, CB-VS providers will administer an assessment defined by DCYF at a later date, but DCYF will collaborate with selected agencies on the selection of a tool. *Please see 2.2 Scope of Services, Phase 1, Service Planning for more information*
5.	**Section 1.4, Program goals and**	To determine the risk of future DCYF involvement, DCYF uses an

No.	Question	Answer
	strategic priorities How does the State define "High Risk" participants?	actuarial risk assessment tool developed by NCCD. *Please see 2.1 Covered populations and additional information on the population for more information.*
6.	**Section 1.4, Program goals and strategic priorities** Will the vendor have access to the [*actuarial risk assessment*] tool?	DCYF anticipates sharing the tool with the provider as necessary to develop appropriate interventions/treatment.
7.	**Section 1.4, Contract Period** What is the estimated implementation date of the program?	DCYF hopes to offer services as soon as practicable but anticipates that there will be a startup period before services can be delivered. It behooves each bidder to put realistic timelines and costs in order to do this.
8.	**Section 2, Statement of Work** Would the client be a child or a family?	The service is intended to serve the whole family. However, to comply with federal reporting requirements, DCYF reserves the right to establish data reporting and deliverable requirements throughout the duration of the contract. *Please see 2.3 Reporting and Deliverable Requirements for more information.*
9.	**Section 2.1, Covered populations and additional information on the population** Are there eligibility requirements for applicants? For example, are agencies that receive United Way support eligible to apply?	The only eligibility requirements for applicants are that they have a New Hampshire Certificate of Good Standing. For more information on how to obtain a Certificate of Good Standing, please see the NH Secretary of States webpage; http://sos.nh.gov/formslaws.aspx .
10.	**Section 2.1, Covered populations and additional information on the population** Other than referrals from the target population what other referrals might be made?	DCYF will make all referrals to CB-VS. Providers cannot accept referrals from any other entity into the program. DCYF will prioritize referrals for the section described in 2.1 Covered populations but reserves the right to refer other similar families (e.g., moderate-risk families, founded problem resolved who do not need further DCYF intervention).
11.	**Section 2.1, Covered populations and**	*Question clarification: Question was by town so if multiple agencies

No.	Question	Answer
	additional information Can we have the number of families in need of services in each town, so that if we are looking at a regional proposal, we have the staffing needed to cover the #'s?	are collaborating within a region, they can plan staffing accordingly. Please see the information provided at the bottom of the Q&A.
12.	**Section 2.2, Scope of Services** Most of our staff are trained in MI, but we are not certified in SBC. Should we go forward and start that process (for the RFP) to get certified in SBC, or is this something the state is going to be offering for providers so we should hold off	If your agencies are contracted to provide CB-VS, you will be given time to start-up and implement your programs. Therefore, pursuing certification in SBC or any other EBP is not a prerequisite to propose a CB-VS program. For more information on Start-up and the funding that will be available to agencies during that time, *please see Section 4. Finance, 4.2 Description of Payment structure, including start-up, per diem rate, flexible funds, and bonus payments*
13.	**Section 2.2, Scope of Services** Are there any age/ education requirements in the RFP?	Because the requirements under your selected EBP may differ, DCYF has not made specific education and age requirements for provider agency staff other than that they should align with the provision of the selected EBPs. This said, DCYF encourages you exercise professional judgment in your human resourcing decisions and that you reflect on what qualifications would be needed to serve the needs of the target population.
14.	**Section 2.2, Scope of Services** Will this RFP be replacing CHS or is this service separate from that contract?	No, this service is a new program with its own contract and will not be replacing CHS.
15.	**Section 2.2, Scope of Services** Does the vendor have the right to refuse services/clients?	DCYF is reserving the right to address criteria for providers to accept/reject a referral as part contract negotiations that occur after a vendor is selected.

No.	Question	Answer
16.	**Section 2.2, Scope of Services** Is the chosen vendor 100% liable for all actions the family members may take while in the program if they take negative actions that result in abuse, neglect or worse?	Providers will need to comply with their responsibilities as mandatory reporters, the legal requirements that DCYF sets in the contract, and performance standards that DCYF defines once the contract is implemented. The State does not indemnify other entities with regard to liability arising from service provision and requires entities to have appropriate insurance as articulated in Appendix-A of the RFP.
17.	**Section 2.2, Scope of Services** To serve all of the state, do you envision this to be done through one proposal/organization or broken up regionally?	Either approach is acceptable. DCYF envisions an arrangement where NH has one contractor who provides services to the whole state or contracts with subcontractors or multiple regional contracts. DCYF is welcoming bids on either of these approaches and selections will be made accordingly.
18.	**Section 2.2, Scope of Services** Who will be assigned from DCYF for families [*who are*] referred [*for services*]?	DCYF assessment staff will make warm referrals to the CB-VS program (i.e., more of a hand-off than a letter) and coordinate closely with the CB-VS provider to share initial information and get the family connected. However, because the DCYF assessment has closed, no DCYF worker will be assigned to the family once they are handed off to the CB-VS provider. Once the referral is made, DCYF's role will shift to contract management to ensure strong performance and advising, approving requests to DCYF-paid home-based services.
19.	**Section 2.2, Scope of Services** The RFP requires a standardized tool (i.e., CANS). We know FFPSA also will require the state to choose a standardized tool. Has the State chosen one as we would not want to have to train our staff in 2 different tools.	NH plans to implement the CANS, info about which is forthcoming. More generally, CB-VS providers will administer an assessment defined by DCYF at a later date, but DCYF will collaborate with selected agencies on the selection of a tool. *Please see 2.2 Scope of Services, Phase 1, Service Planning for more information*
20.	**Section 2.2, Scope of Services** Many areas of the state may not have community services that families may need to access to be successful. Has that been	Through the RFI and ongoing conversations with provider agencies across NH, DCYF is aware of the gaps in the availability of services in some parts of the state and of the access challenges that many families face across the state.

No.	Question	Answer
	considered and if so, can you share thoughts on how that may be addressed?	While addressing this challenge is an area of work shared by DHHS broadly, DCYF's service array expansion (see the Director's Letter starting on page 2 of the RFP) may help to improve access and the availability to services in some areas of the state. More information about how DCYF hopes to expand access to services is forthcoming. In addition, DCYF's service array expansion is one of several efforts across DHHS to enhance community-based services including building a System of Care for children's behavioral health, expanding access to family home visiting, building the capacity of Family Resource Centers through the Family Resource Centers of Quality initiative, expanding access to SUD services through the Doorways, and more.
21.	**Section 2.2, Scope of Services** How will families who do not opt in have their needs met?	Unless there is a finding of abuse or neglect, DCYF cannot compel a family to participate in these programs. However, DCYF believes that if vendors focus on strong, upfront engagement of families at the point of referral then it is more likely that families will engage in services.
22.	**Section 2.2, Scope of Services** So just to clarify, is it preferred for an organization to either bid for the entire state or to collaborate with other organizations in the region? It is not preferable for one organization to bid only for the area they currently serve (i.e., the DCYF office in their county	There is not a stated preference either way. There is a benefit to having one vendor statewide (e.g., economies of scale, uniform databases, etc.), but that may not be the strongest proposal DCYF receives. Proposers should bid in the fashion that makes the most sense for your organization given the outcomes that DCYF is trying to achiev through CB-VS.
23.	**Section 2.2, Scope of Services** Can you confirm MI as an EBP can only be recognized as and EBP for families with substance abuse? If offering, CB-VS to other families without SUD, can you confirm a	While it is true that Motivational interviewing (MI) was evaluated by the FFPSA clearinghouse for substance abuse, the model is frequently used for a variety of populations. Providers are therefore welcome to use the model for working with families outside those with SUD but are especially encouraged to use it for SUD families, given the outcome of the federal government's evaluation.

No.	Question	Answer
	different EBP will be required?	
24.	**Section 2.2, Scope of Services** Training Solution Based Casework; Will there be any oversight of fidelity on a state level or will the vendor be doing that independently?	To be able to use that product, you are engaged in the fidelity monitoring through SBC itself. Agencies should expect to comply with the standards laid out by their selected Evidence-Based Program's model developer.
25.	**Section 2.2, Scope of Services** Would COLA be considered for the following years? Cost of training will be expensive so retention is crucial.	There are two ways to approach this. If during the initial contract period you think COLA is necessary, include it in your proposal. Or it can be negotiated during a contract extension or another bidding process.
26.	**Section 2.2, Scope of Services** How will families who successfully complete the program be followed up with, for what period of time, and by whom to track sustainable results? Is that part of this RFP?	DCYF welcomes your thoughts on this topic in the proposal, particularly as it relates to the last phase of service ("Transition and closure"). DCYF is trying to leave this open so as to collaborate with selected provider(s) and evaluate the success of CB-VS later on. The most important outcome goal of the CB-VS program is whether or not the family has subsequent involvement with DCYF, which is something the division can track independently.
27.	**Section 2.2, Scope of Services** Will there be any statewide expectations on qualifications of staff delivering services?	This is driven by what you propose (anticipated caseloads, anticipated training needs, etc.). Your proposal should be driven by the EBP standards, or propose what you think is needed to achieve the desired outcomes of this program.
28.	**Section 2.2, Scope of Services** Providers have long wait times which feed the need for this proposal. For example, a CMHC. Are we able to incentivize those programs as part of the proposal? Is there an expectation for face to face time and caseload	The selected provider will have to work with community partner agencies to make sure that families get the services they need. DCYF do not anticipate funds from this program being used to pay outside providers to prioritize CB-VS clients over others. There are no specific expectations for face to face time and caseload requirements. This is driven by what you propose. Look at what your EBP standards are and propose accordingly, or propose to us what you think is needed to achieve the desired outcomes of this program.

No.	Question	Answer
	requirements?	
29.	**Section 2.2, Scope of Service** The proposal describes that 50% of possible CB-VS clients will be referred to the provider. What "screening" process will DCYF undertake in advance of making a referral for Voluntary Services?	To clarify, DCYF will attempt to refer all families eligible for CB-VS. The 50% figure reflects DCYF's assumption that 50% of families will voluntarily accept referral to the CB-VS provider and will successfully enroll in the service. If more families volunteer to receive the service, then DCYF would make referrals for those families. With respect to the question of "screening processes", DCYF will conduct a Child Protection assessment (investigation) which includes structured decision-making tools to assess risk and safety. This will help DCYF identify if the family is eligible for CB-VS. An illustrative example is provided in *Figure 4 on page 15 of the RFP.*
30.	**Section 2.2, Scope of Services** Can we refuse/deny a referral?	DCYF is reserving the right to address criteria for providers to accept/reject a referral as part contract negotiations that occur after a vendor is selected.
31.	**Section 2.2, Scope of Services** Even though face-to-face is somewhat set by the EBP- is there an expectation from DCYF for service frequency? What role will DCYF play throughout services? (Estimated/required contact with DCYF worker)	Similar to the answer to questions 27 and 28: There are no specific expectations for face to face time or service frequency. This is driven by what you propose. Look at what your EBP standards are and propose accordingly or propose to us what you think is needed to achieve the desired outcomes of this program. Additionally, DCYF will only be involved in contract management, performance improvement, and program administration. No field service worker will be assigned or be in ongoing contact with the provider worker or family.
32.	**Section 2.2, Scope of Services** What DCYF workers will be assigned to these cases?	No DCYF workers will be assigned to these cases.
33.	**Section 2.2, Scope of Services**	Because CB-VS families are not formally involved in DCYF, the

No.	Question	Answer
	Are there going to be requirements set by DCYF to increase to HBT/ISO or is it provider discretion? What tool/justification will be used to increase service level?	process by which a family would be "increased" to HBT or ISO differs than the process for an open case in today's system. If a CB-VS provider feels that an HBT, ISO, or another paid service is needed to meet the family's needs, they will follow a process set out by DCYF. The process of accessing DCYF-paid home-based services is outlined in the RFP, and more details about this decision-making process will be specified in future by DCYF. However, CB-VS providers will be expected to exercise professional judgment and consult with DCYF and the family to make a recommendation. *See Section 2.2, Scope of Services, Accessing DCYF-paid services for CB-VS families (page 14 of the RFP).*
34.	**Section 2.2, Scope of Services** What are the measurements/ objectives that need to be met to transition a family out and close services?	While you are encouraged to see Section 2.2, Phase 2, Transition and Closure, providers are encouraged propose their approach in their application and to base that approach on the selected EBP. In addition, this will be a focus of ongoing contract management and performance improvement conversations.
35.	**Section 2.2, Scope of Services** Is the chosen vendor able to refer to any provider, inclusive of themselves? We assume it will be with approval of plan from DCYF.	Vendors are able to refer families to any non-DCYF paid services, inclusive of the ones they provide, based on the needs they identify in the service plan. The service plan will not be approved by DCYF. However, DCYF reserves the right to align reporting requirements (e.g., parts of case plans or other items) to comply with federal requirements. Please see *Section 2.2, Scope of Services, Other requirements for the delivery of CB-VS and 2.3 Reporting and Deliverable Requirements.* Note, for more information about accessing DCYF-paid services including services your agency may provide, please see answers to questions 33, 39, and 41.
36.	**Section 2.2, Scope of Services**	In the DCYF recommended approach for CB-VS, Solution-Based Casework would serve as the case management approach and

No.	Question	Answer
	Is Motivational Interviewing a technique used alongside Solution Based Casework or do you believe it is a separate service? For instance, a service for an individual identified with substance use disorder?	therefore be provided to every family who was enrolled in the service. In addition, Motivational Interviewing would be used for families alongside SBC when appropriate (e.g., for families with substance use disorder, per FFPSA review but also other uses that the provider deems fit). But providers can propose alternative models of approaches and justify them in the proposal, including more expansive uses of Motivational Interviewing.
37.	**Section 2.2, Scope of Services** Please describe what the "case management system" is - in reference to us entering data... "finalize any data entry needed to formally close the case within the case management system"	Per the requirements listed in Section 2.2, *Scope of Services, Other requirements for the delivery of CB-VS*, providers will be expected to develop and maintain records on each family, including the logging of contact and interactions for each family. This information is often stored in case management systems (e.g., subscription software systems). Our expectation is that you will update that information one last time before discharging the family to ensure your agency has recorded relevant information about the family's discharge in the service. If your agency does not have a system to meet that requirements, you are welcome to consider budgeting for that as part of your cost proposal.
38.	**Section 2.2, Scope of Services** Define face-to-face requirement during the first 3-days after referral. Can this happen via tele-health options?	DCYF had envisioned this as a face-to-face meeting to take place in physical presence with the family. However, in light of COVID-19 and the challenges of service provision in rural areas, we are open to suggestions on telehealth and your rationale for how these options can deliver on desired program outcomes. This topic would then be the subject of contract negotiations with selected vendor(s), in particular what qualifies for the bonus payment tied to face-to-face meetings.
39.	**Section 2.2, Scope of Services** Will CB-VS service providers be able to request HBT services from their own organization while working with a CB-VS family? What will that authorization process look like?	Vendors are able to refer families to any non-DCYF paid services based on the needs they identify in the service plan. To access DCYF-paid services (including HBT), providers will be expected to follow the process as outlined in *Section 2.2., Scope of Services, Accessing DCYF-paid services for CB-VS families which includes prior authorization from DCYF.* More details about this authorization process will be specified in future by DCYF.

No.	Question	Answer
		While DCYF has not provided restrictions in the RFP around self-referral, the act of self-referral will be a focus of contract management and performance improvement and dialogue between the Division and selected provider(s). For more on this, please see *Section 2, 2.4 Performance improvement and performance metrics.*
40.	**Section 2.2, Scope of Services** Are providers allowed to provide both CB-VS and higher-intensity services (i.e. ISO)?	Yes, providers are allowed to be contracted under CB-VS and also be certified to provide other DCYF-paid services (e.g., ISO).
41.	**Section 2.2, Scope of Services** If a provider is contracted for both CB-VS and another DCYF-funded services, will there be any guidance/restrictions for those providers around referring to their own DCYF-funded services for phase II of the CB-VS enrollment?	While DCYF has not provided restrictions in the RFP around self-referral, the act of self-referral will be a focus of contract management and performance improvement and dialogue between the Division and selected provider(s). To access DCYF-paid services, providers will be expected to follow the process as outlined in *Section 2.2., Scope of Services, Accessing DCYF-paid services for CB-VS families* which includes prior authorization from DCYF. More details about this authorization process will be specified in future by DCYF. For more on this, please see *Section 2, 2.4 Performance improvement*
42.	**Section 2.2, Scope of Services** Can DCYF provide a list or the criteria that is used to determine which DCYF-funded services include a case management component?	Note response is directed based on DCYF's understanding of the question presented. DCYF's currently provides paid services under He-C6339, which describes the current case management expectations. In future, DCYF plans to add new EBP services which may also have case management components. However, for CB-VS, DCYF is asking vendors to identify the case management practice model that they believe is best to meet the needs of the target population. As specified in the RFP in *Section 2.2., Scope of Services, Accessing*

No.	Question	Answer
		DCYF-paid services for CB-VS families, "DCYF will distribute tools and resources to help CB-VS providers determine the appropriate home-based service for a family's needs. These criteria will be reviewed and adjusted as the services offered, the needs of CB-VS families, and demand for services change."
43.	**Section 2.2, Scope of Services** Will the CB-VS provider have discretion to refer families to higher-intensity services? Is there a designated assessment tool or set criteria for referring to DCYF-funded services?	Vendors are able to refer families to any non-DCYF paid services based on the needs they identify in the service plan. To access DCYF-paid services (including HBT), providers will be expected to follow the process as outlined in *Section 2.2., Scope of Services, Accessing DCYF-paid services for CB-VS families.* Please note that the DCYF addresses the question of criteria and other supports to CB-VS providers is discussed on page 14.
44.	**Section 2.2, Scope of Services** If a family indicated that they will need higher-intensity services before the first 30 days is over, can they be transitioned to phase II sooner?	DCYF's expectation is that families will only be referred to higher-intensity services after the initial service plan is put in place, however the family is able to receive stabilization services before that time to meet any immediate needs. Providers have up to 30 days to put the initial service plan in place. As a result, families can be transitioned to Phase II as soon as the service plan is put in place (e.g., if that is in the first 10 days, no need to wait until 30 to move onto Phase II).
45.	**Section 2.2, Scope of Services** *Service Planning*: Can the provider choose which assessment(s) are used with the families to determine intensity and needs?	CB-VS providers will administer an assessment defined by DCYF at a later date, but DCYF will collaborate with selected agencies on the selection of a tool. If you have a recommended assessment tool in mind, please feel free to include as a suggestion in your proposal. *Please see 2.2 Scope of Services, Phase 1, Service Planning for more information*
46.	**Section 2.3, Reporting and Deliverables Requirements** What data, if any, does DHHS/DCYF anticipate sharing with selected vendor(s) to facilitate reporting requirements, and by what method would DHHS/DCYF share this information with	Note response is directed based on DCYF's understanding of the question presented. DCYF will share key performance metrics and outcomes back with selected providers as part of contract management meetings – both for the purposes of providing outcome payments and to provide you

No.	Question	Answer
	selected vendor(s)?	with information helpful to improve your performance. DCYF will work with providers to determine if any other data is needed to facilitate reporting requirements and the best way to share this information on an as needed basis. More broadly, DCYF will establish an initial set of reporting and deliverable requirements when the contract is in effect and reserves the right to establish additional requirements throughout the duration of the contract. Please see *Section 2.2, Scope of Services, Other requirements for the delivery of CB-VS and Section 2.3, Reporting and Deliverable Requirements* for more information.
47.	**Section 2.4, Performance improvement and performance metrics** What is the expected turnaround time for selected vendor(s) to provide key data and metrics to DHHS/DCYF?	This specific timing and frequency of data reporting is yet to be determined, but providers can anticipate needing to report data on a frequent and regular enough basis so as to support monthly meetings that are focused on using data to monitor and understand performance, troubleshoot challenges, spread best practices, and adjust service deliver over time. Please see *Section 2.2, Scope of Services, Other Requirements for the delivery of CB-VS* and *Section 2.4, Performance Improvement and performance metrics for more information* on how that data will be used.
48.	**Section 2.4, Performance improvement and performance metrics** Does this go hand in hand with our contact at the state? "Provider agencies will be expected to collect and share data with DCYF in a format specified by DCYF".	Note response is directed based on the DCYF's understanding of the question presented. DCYF will specify the format in which the provider shares programmatic data. Current service provider data is collected by DCYF through an excel spreadsheet, though this is expected to improve over time. We are open to proposals about other approaches to collecting and sharing data.

No.	Question	Answer
49.	**Section 3, Proposal Evaluation** How many contracts do you anticipate being awarded?	DCYF does not have a set number of contracts in mind. DCYF will determine the number of contracts based on the proposals we received and to ensure statewide access for CB-VS.
50.	**Section 3, Proposal Evaluation** Is there a date for when the awardees will be announced?	Not specifically. A team of DHHS staff will review and score proposals. Vendors that DCYF is considering working with will be contacted privately at the end of the review and scoring period to begin negotiations. Once the RFP closes, DCYF is prohibited by state law from providing any information to vendors regarding our progress in the process or reaching out to notify bidders that we are in negotiations with other vendors. If you do receive a letter from DCYF, we ask that you don't discuss those negotiations with other vendors that may not have been selected.
51.	**Section 3.2, Details of technical question application** Who will convene the monthly meetings? A case worker or an administrator?	Monthly meetings will be convened by staff within the Bureau of Community, Family and Program Support responsible for statewide delivery of programs (e.g., program specialist or administrator, not frontline caseworkers). Other members of DCYF may attend these meetings as needed.
52.	**Section 3.2, Details of technical question application, including questions** Flexible Funding: Are there any limitations to the types of goods, services, and activities that may be provided under the program?	Provider agencies are expected to use community resources and supports first (i.e., rental assistance, food bank etc). Flex funding is for items that are not available by community resources. For more information on flexible funding, please see *Section 4, Finance, Subsection 4.2.*
53.	**Section 3.2, Details of technical question application** If you have one agency statewide in the lead, how would someone become a sub-contractor? Would one lead be responsible to	It will be up to selected contractor(s) to decide if they want to sub-contract. If they decide to sub-contract, they would be responsible for identifying prospective partners and setting up sub-contracting agreements. These sub-contractors could be identified either before or up to 30 days after the contract is approved by the Governor and Executive Council. *Also see answer to question 54 below*.

No.	Question	Answer
	contact lead or should reach out now?	
54.	**Section 3.2, Details of technical question application** If a vendor who submit a proposal indicates that they are willing to be a subcontracted vendor if they are not awarded the contract, would that insight be provided to the vendor who is awarded the contract?	DCYF's goal is to achieve statewide coverage for the CB-VS program. To achieve that goal, DCYF is open to collaborative responses to achieve that goal, along with having one statewide vendor or multiple vendors. Vendors who utilize subcontracts may not necessarily receive higher scores. To facilitate the process of vendors partnering with one another, DCYF/DHHS will provide a survey monkey link on Tuesday, May 26, 2020 via the RFP landing page. While DCYF/DHHS will help facilitate this process, vendors do not have to participate. If they choose to participate, note that the info will be made public and that by providing the information they waive any challenges to the agency's release of the info. Vendors cannot use the info to collude or violate terms and conditions of the RFP and law.
55.	**Section 3.2, Details of technical question application** Will the funding be flexible enough and allow for vendor to incentivize those providers to service identified clients in a timely fashion?	We are asking folks to put forward what they think the flexible funding ***SHOULD*** be. We do not anticipate the use of flexible funding to ensure that community providers prioritize CB-VS clients are prioritized over other population. In addition, proposer agencies are encouraged to see the questions concerning flexible funding on page 22 and 23 of the RFP. Agencies are asked what they think the amount of flexible funding should be. DCYF will use that information to develop a perspective on flexible funds and that amount will be agreed to in the contract.
56.	**Section 3.2, Details of technical**	Vendors should present their proposed approach at the time of proposal. There is some flexibility to adjust this approach as a part of

No.	Question	Answer
	question application If our proposal does not reflect sub-contractor activity, is there flexibility after the contract effective date to adjust our proposed approach, budget, and implementation plan to include sub-contractor activities?	the contract negotiations process with DCYF. If further adjustments are needed after the contract is established, an amendment may be required.
57.	**Section 3.3, Details on cost application** How will agency budgets be scored? What is the methodology and comparative analysis which may occur to ensure that costs/rates are equitable in comparison to similar work in NH and other States?	Agency budgets will be scored in line with evaluation criteria set forth in *Section 3.3 – Details on cost application including budget guidance.* Since DCYF has never solicited a budget of this kind and this is a new program, DCYF does not have established a pre-determined methodology or comparative analysis. DCYS is looking for providers to articulate what it will cost to implement this program. DCYF also recognizes that underfunding of services in the past and the variation of cost structures across agencies makes accurate comparisons of costs across other programs difficult.
58.	**Section 3.3, Details on cost application** Is the 50% served rate expected to be achieved within the first year---or is that once the program is fully functional?	To clarify, the 50% figure reflects DCYF's assumption that 50% of families will voluntarily accept referral to the CB-VS provider and will successfully enroll in the service. DCYF will attempt to make referrals for all families in the target population who are willing to accept a referral. Therefore, the 50% figure (which corresponds to a volume of ~1,000 families per year) is an estimate of the annual volume once fully functional. If more families volunteer to receive the service or more families meet the target population criteria, that number could grow.
59.	**Section 3.3, Details on cost application** $30 was referenced as a rate: is there a rate range the Department has in mind?	No, DCYF will review budgets submitted to determine rate and that rate could be negotiated during contract negotiations.

No.	Question	Answer
60.	**Section 3.3, Details on cost application** Since staffing will be based on the anticipated $ of families served, can you speak to how you came to the 50% assumption?	Because CB-VS is a new service, DCYF did not have robust historical data to support program development. As a result, DCYF developed some aspects of CB-VS using a workgroup of DCYF field staff and administrators. Based on the perspective of that workgroup and staff experience with internal DCYF-provided voluntary services to date, DCYF felt that 50% acceptance (i.e., 50% of families will voluntarily accept a referral to the CB-VS program and subsequently enroll) was a reasonable starting place for this new program. This acceptance rate (or the number of families in the target population in coming years) may vary in implementation. DCYF will work with providers to address referral volume issues and adjust service delivery accordingly as part of contract management (e.g., improve service handoffs and family engagement to maximize enrollment). This could include pursuing contract amendments if required.
61.	**Section 3.3. Details on Cost application, including budget guidance** We are going to apply for the whole state, and then, since it applies a capacity in the daily rate formula, that automatically populates the caseload at 1,026 cases. If that is our caseload, and the expectation is to serve them for 150 days,- also in the formula-, then we are going to need roughly 30 case managers carrying a caseload at any given time of 15 cases. When you enter benefits and supervisors, and QI and Manager and all other costs, overhead… the budget quickly jumps to close to $3M, and the daily rate, as it is for so many cases, remains at around $18 per day, which is low and very risky for providers as	Please put forward your best estimate for what you think it will cost to deliver this program. DCYF suggests that provider organizations align their approach to case practice and staffing to the selected EBP and national best practices. In addition, to your point about ramp up costs and time, DCYF does expect to provide start-up funding for this program upfront, in addition to the daily rate, flexible funds for families, and the bonus payments.

No.	Question	Answer
	there will certainly be a huge ramp up.	
62.	**Section 3.3, Details on cost application** Costs associated with insurance-liability/workers comp/property- would that be Direct or Indirect?	Direct costs are those which can be identified specifically and directly assigned to a program with a high degree of accuracy. Indirect costs are those costs incurred for a common or joint purpose and benefit multiple programs and parts of an organization, but which are not readily assignable to a specific program. If a cost can be accurately, reliably, and clearly attributed to the CB-VS program specifically (e.g., insurance for a property rented to provide CB-VS services in a new region), then proposers can record as direct and the budget proposal should explain how that determination was made. If not (i.e., the cost is shared broadly across programs and a portion cannot be accurately, reliably, and clearly attributed), then it should be considered indirect. *See section 3.3 – Details on cost application including budget guidance.*
63.	**Section 3.3, Details on cost application** Are we required to have a NICRA. If so, how do we get that? I have never heard of it?	No, you are not required to have a NICRA. A NICRA is a "Negotiated Indirect Cost Rate Agreement" that government contractors can negotiate with the federal government if they receive federal contracts. If a provider has a NICRA *already in place*, then it can be used to calculate their indirect cost rate for the CB-VS budget. If your agency does not have a NICRA, you may enter a rate up to 10% for your indirect costs allocation. Please see Section 3, Proposal Evaluation, Cost proposal guidance (page 25 on RFP) for more information on creating your budget proposal.
64.	**Section 4, Finance**	A service authorization will be entered by DCYF and billing will go

No.	Question	Answer
	Will billing be implemented the same as ISO?	through DCYF's case management system (Bridges) but will not be billed to Medicaid.
65.	**Section 4, Finance** Is this RFP a Medicaid billed program?	No, case management is not billable to Medicaid
66.	**Section 4, Finance** Do you anticipate funding cuts based on current COVID and impact on revenue? Standing up EBPs are costly and time intensive and it is important to have a solid funding stream. Given these are voluntary services, do you foresee these as more likely to be cut than mandatory services?	There is very strong support to move forward with this program. The Governor has announced that there will not be cuts for programs serving children. We do not anticipate the funding being cut for this program.
67.	**Section 4, Finance** It can cost approximately $30,000 to get 15 people trained in SBC. Would this cost be included in start us cost estimates, or does DCYF have SBC Trainers and this would this training be offered to providers from DCYF?	DCYF anticipates that this would be part of the start-up cost and something to think about when proposing sustainable funding over time and when calculating your daily rate. If some staff need to be trained up front, this should be included in the cost proposal. DCYF does not plan to provide SBC training. Selected agencies will be responsible for getting their staff trained in their proposed EBP model.
68.	**Section 4, Finance** The state budget included approx. $1.5 million in FY 20 and $4 mill in FY 21 for voluntary services. Is that the rough budgetary scope for this RFP? How much additional Families First funding do you anticipate?	DCYF is not entirely sure where the specific funding information in this question originated. Currently, $2.5 million has been allocated in SFY 2020, and $5 million in SFY 2021. Although it may be hard for any provider to stand up services and provide services to expend $5 million in the first year. DCYF believes that the referral model will ultimately also identify families eligible for Family First Title IV-E reimbursement. As such, there is the potential for vendors to effectively expand their the number of families served in future years, relying on new Family First revenue
69.	**Section 4.2, Description of payment structure**	CB-VS providers would not be expected to cover the cost of daycare but rather assist the family in applying for support so as to meet that

No.	Question	Answer
	Day care-what are the divisions thoughts here? coverage? do we need to pay? Will we use the discretionary fund to fund it? Max out?(Do we need to set specific and strict limits on qualifying families or duration? What happens when no longer enrolled in program?	need with sustainable community resources.
70.	**Section 4.2, Description of payment structure** Is it a daily rate? Or number of days a family received services that month?	The CB-VS core rate is a daily rate. Each day the family is active in the service will represent one day of payment at the daily rate. So if a family began the service on April 1 and completed on July 1, the daily rate would be paid for every day in that period (not just for the days the family interacted with a case-worker).
71.	**Section 4.2, Description of payment structure** What will the authorization process look like? Will the provider be given an Authorization at the point of referral? What information will DCYF need in order to provide Authorization at referral meeting?	DCYF will complete the service authorization and payment will begin based on the identified start date, which is the date of first contact between the provider and family. Ideally this would happen in person, but other forms of initial contact are acceptable. With that said, the percent of families who receive a face to face meeting with the provider within 3 days of the referral is an area of emphasis for this program and one area of possible bonus payment. If a family is seen within 3 days of referral, they would qualify for a small bonus payment for serving that family. *Please see Section 4.2 for more on bonus payments*. Providers who made initial contact with a family by phone as part of a handoff but then see the family face to face 5 days after referral would be paid for the five days but not qualify for the bonus payment.
72.	**Section 4, Finance** Is there an award range that we should use as	No, DCYF is focused on paying a reasonable amount to deliver a high-quality service. DCYF encourages you to put forward a budget that reflects what you believe it would take to deliver this program and meet the needs of the target population under the program description

No.	Question	Answer
	a general guide when structuring our program and budget?	and requirements outlined in Section 2.
73.	**Section 4, Finance** Will the award be disbursed via 4 payments spread over 2020 to 2024, or in one lump sum at the start of the project?	Startup funds will be paid during the beginning of the contract term (e.g., 2020), the daily rate will be paid out on a monthly basis, the flexible funds will be paid out on a monthly basis via claimed reimbursements, and the bonus payment will be paid out on a monthly basis to providers who quality.
74.	**Section 5.1, General Compliance, Subsection 5.1.3.4** Could you clarify medical records on each patient/recipient of services? This seems to indicate that the Contractor must maintain medical records for clients in the program, but this seems like private health information which we should not/would not have access to under this type of contract.	Programs are only required to collect that information "where appropriate and as prescribed by the Department." For CB-VS, DCYF does not anticipate requiring providers to maintain private health insurance information. *Please see Section 5.1, General Compliance, Subsection 5.1.3.4 for more information, but note that this is a set of general compliance language that is used across DHHS solicitations.*
75.	**Section 5.3.5, Statement of Vendors, Financial Condition** Should vendors submit their audited financial statements for the four most recent completed fiscal years as part of the Required Attachments section of the response?	Yes, vendors must submit their audited financial statements for the four most recent completed fiscal years as part of the Required Attachments Section. *Please see Section 5.3 and 7.2.3.1 for more information.*
76.	**Section 6.2, Procurement Timetable** Procurement Timetable: Will the deadline for submission be extended per the vendor conference?	Yes, DCYF is extending the post deadline by two weeks. The deadline is now June 18, 2020 at 5pm Eastern Time.
77.	**Section 6.2, Procurement Timetable** Procurement Timetable: When does	DCYF hopes to make award notification sometime during this summer, though that is dependent on the number of bids DCYF receives. The Contract resulting from this RFP will be effective upon Governor and

No.	Question	Answer
	DHHS/DCYF anticipate making award notification(s)?	Executive Council approval through June 30, 2024.
78.	**Section 6.2. Procurement Timetable** Will there be some consideration given regarding delays in issuing RFP's, or if that is not an option, then adding more time to respond.	In consideration of COVID-19, the deadline has been extended to June 18, 2020 at 5pm Eastern Time.
79.	**Section 6.6, Proposal Submission, Subsection 6.6.1** Please confirm the DHHS Contracts email address in which vendors are to submit their proposals.	To: contracts@dhhs.nh.gov Cc'd: Jennifer.hackett@dhhs.nh.gov
80.	**Section 7.2.1.4, Required Attachments & 7.2.3.1 Cost Proposal Contents** It appears as this proposal does not require attachments. Is that true? Please explain "allow for" attachments instead of "require." Please clarify what is required, e.g. job descriptions, organization chart, etc	Proposers are not required to submit attachments such as job descriptions and organization charts part of your proposal. Much of this is baked into other elements of the proposal template. For example, the job descriptions of the various roles in your CB-VS program is part of the staffing sheet contained in the budget template. However, if you believe that including a given attachment will improve the quality or clarity of your proposal, you are allowed to include them and they do not count toward the technical proposal word limit.
81.	**Appendix E, Budget Template** As there are many interdependencies within the budget template- if we find we have questions as we attempt to complete it, are we able to ask questions prior to submission?	Unfortunately, now that the QA period is closed, DCYF encourage you to see Section 3, Proposal Evaluation, Cost proposal guidance (page 25 on RFP) for information /creating your budget proposal. Vendors may also reach out to Jenn Hackett for technical assistance with submitting your proposal and questions concerning functionality.
82.	**Appendix E, Budget Template, Tab #2, General Information** 150 days (5 months) used to figure daily rate.	150 days is the median expected number of days (5 months), however the maximum number of days is 6 months. A median of 150 is in recognition that not all families will either require or complete the full 6

No.	Question	Answer
	Is that the anticipated average length of time of service per family referred?	months of the program.
83.	**Appendix E, Budget Template** Where on the budget sheets would sub-contractors be included?	On the budget sheet, we ask to identify that you MAY be subcontracting but specifics regarding sub-contractor budgets are not requested. Additionally, vendors are asked to include the estimated total subcontractor amount as part of your daily rate and other budget tab entries.
84.	**Appendix E, Budget Template** It was mentioned that separate budgets could be completed based on regions. Is this required or can one budget including several regions be submitted?	Yes, you can submit one budget with all regions within one budget.
85.	**Appendix E, Budget Template, Tab 3, Staffing Sheet** Can this be broken into category, ie case manager/supervisors/program manager/administrator; or, does each proposed staff/position need to be listed separately	Yes, you can break each of these into categories and count the total number of staff in that role type using column H in the staffing sheet. For example, if you had 6 workers, 2 supervisors and 1 program managers you could put the 2 supervisors and 1 program manager on their own line but select supervisor/manager for both in the column C dropdown menu.
86.	**Appendix E, Budget Template** Core Rate Budget: Can the vendor add additional rows to the direct and indirect cost sections of the workbook to reflect additional costs if necessary?	For direct costs: Yes. If you want to add rows under the “All other direct costs” section, you may. Please insert rows above the black bar so the formula is not affected. Please be sure to include information about these costs as part of your budget narrative. For indirect costs: No. The only item that may be added for indirect

No.	Question	Answer
		costs is the rate (%) requested. As a result, line item information is not requested for indirect costs. You may elaborate as part of your budget narrative if desired.
87.	**Appendix E, Budget Template** Staffing Sheet: Can the vendor can add additional rows to reflect additional staffing positions if needed?	Yes. If you would like to add additional staff rows, please do so by inserting a line above the black bar so the formula is not affected. Please also see the guidance for filling out the staffing sheet within the budget template itself.
88.	**Appendix E, Budget Template** All worksheets: Can the vendor adjust formulas, if necessary, to reflect appropriate costs?	The only formulas that can be adjusted are in cells C15:C37 on Tab 3 "Staffing sheet" since DCYF have given you the flexibility to calculate staffing costs as desired. All other formulas in the budget template are used to calculate the daily rate and other items. They are locked - please do not adjust those formulas. In order to reflect appropriate costs, please note that you can add rows for "all other direct costs" in Tab 2 "Core rate budget" and add rows for staff on the staffing sheet to reflect additional costs (see answers to questions 86 and 87 above).
89.	**Appendix E, Budget Template** Start-up Costs: Are some start-up costs allowed to be reflected in the Core Rate Budget under the guidelines provided?	Yes, some costs incurred at the beginning of the program may also be ongoing and can therefore be included in the core rate budget template, so long as they meet the guidelines/requirements provided. See page 28 of the RFP ("Additional guidance on start-up costs") which specifies this.
90.	**Appendix E, Budget Template** Will the State allow adjustments to the total budget if the number of families expected to be served varies drastically from the actual experience once the program is up and running?	If the number of families served by CB-VS changed significantly from what was expected, DCYF would work with providers to address volume issues and adjust service delivery accordingly as part of contract management (e.g., improve service handoffs and family engagement to maximize enrollment). This could include pursuing contract amendments if required. While DCYF cannot commit to any specific course of action, DCYF can commit to having an ongoing dialogue with selected vendors.
91.	**Appendix G, Target Population Date, Graph 3**	Note response is directed based on DCYF's understanding of the question presented, but see below explanation of the graph and its

No.	Question	Answer
	Please indicate the percentage of each factor in each of the columns	analysis. Graph 3 shows the number of families with 0 of 4 risk factors, 1 of 4 risk factors, 2 of 4 risk factors, 3 of 4 risk factors, and 4 of 4 risk factors identified in the CPS assessment. These risk factors include past or present substance use, 2+ incidents of domestic violence, past of present mental illness on the part of the adult, and physical, mental, or learning disabilities on the part of the child. 28% of families had none of these risk factors, 38% had ¼, 23% had 2/4, 8% had 3/4 and 2% had 4/4.
92.	Will you share a list of participants in this meeting, in order to promote collaboration among potential vendors?	This is normally not shared as everyone at this Vendor Conference is considered a potential bidder and in order to keep it fair, we do not share this information.

Note to readers: This document provides town-level data on the number of families in the CB-VS target population. DCYF produced it using the same dataset that fed the analysis contained in Appendix G in the RFP. You will notice that every District Office list has a set of families that were assessed by the DO but who do not live in the DO's formal catchment area. This can happen for several reasons, including that the DO staff have a prior relationship with the family and are best positioned to conduct the assessment. In SFY19, ~81 of the total ~2000 families in the CB-VS target population were served in this non-traditional manner.

DO name	Town name	Est. # of families in SFY 19
Berlin 97 families total (5% outside the catchment area)	Berlin	40
	Lancaster	10
	Colebrook	8
	Whitefield	6
	Dalton	6
	Groveton	6
	Gorham, North Stratford, Milan, Stratford, Columbia, West Stewartstown, Stewartstown, Stark	Fewer than five families in each city, town or community
	Families served by Berlin DO but who do not live in catchment area: *Manchester, Bethlehem, Derry, Littleton, Whitefield*	Fewer than five families in each city, town or community

DO name	Town name	Est. # of families in SFY 19
Claremont 143 families total (1% outside the catchment area)	Claremont	72
	Newport	24
	Lebanon	16
	West Lebanon	6
	Canaan	5
	Charlestown	5
	Enfield, Grantham, Lyme, Lempster, Croydon, Sunapee, Unity, Goshen, Acworth, South Acworth, Grafton	Fewer than 5 families in each city, town, or community
	Families served by Claremont DO but who do not live in catchment area: *Winchester*	Fewer than 5 families in each city, town, or community

DO name	Town name	Est. # of families in SFY 19
Concord 217 families total (5% outside the catchment area)	Concord	55
	Franklin	25
	Pembroke	14
	Weare	13
	Northfield	10
	Goffstown	10
	Penacook	9
	Hooksett	9
	Pittsfield	9
	Allenstown	8
	Boscawen	7
	Loudon	5
	Danbury, Salisbury, Canterbury, Henniker, Chichester, Sutton, Webster, Bradford, Epsom, Bow, Hopkinton, Francestown, North Sutton, Dunbarton, Andover, Warner	Fewer than 5 families in each city, town, or community
	Families served by Concord DO but who do not live in catchment area: *Manchester, Tilton, Gorham*	Fewer than 5 families in each city, town, or community

DO name	Town name	Est. # of families in SFY 19
Conway 56 families total (5% outside the catchment area)	Tamworth	7
	Conway	7
	Ossipee	5
	Center Ossipee	5
	Sanbornville, Center Conway, North Conway, Albany, Center Tuftonboro, Wakefield, Wolfeboro, Effingham, Madison, Union, Glen, Brookfield, Sandwich, East Conway, Moultonborough.	Fewer than 5 families in each city, town, or community
	Families served by Conway DO but who do not live in catchment area: *Berlin, Dover, and Cambridge*	Fewer than 5 families in each city, town, or community

DO name	Town name	Est. # of families in SFY 19
Keene 179 families total (1% outside the catchment area)	Keene	53
	Winchester	17
	Hillsborough	15
	Swanzey	10
	Jaffrey	10
	Rindge	8
	Hinsdale	8
	Troy	7
	North Walpole	6
	Greenville	5
	Peterborough	5
	Marlborough	5
	Antrim, Bennington, New Ipswich, Greenfield, Ashuelot, Deering, Alstead, Westmoreland, Gilsum, Spofford, Marlow, Temple, Nelson, West Chesterfield, Drewsville, West Swanzey, Dublin, Chesterfield, Richmond	Fewer than 5 families in each city, town, or community
	Families served by Keene DO but who do not live in catchment area: *Henniker*	Fewer than 5 families in each city, town, or community

DO name	Town name	Est. # of families in SFY 19
Laconia 244 families total (3% outside the catchment area)	Laconia	83
	Belmont	22
	Tilton	18
	Meredith	13
	Plymouth	13
	Campton	10
	Alexandria	8
	Bristol	8
	Center Barnstead	7
	Gilford	7
	Alton	6
	Ashland	6
	West Hampton	5
	Sanbornton, Gilman Iron Works, Rumney, Gilmanton, Barnstead, Center Harbor, Holderness, Winnisquamm, Groton, Bridgewater, Dorchester, Thornton, Wentworth	Fewer than 5 families in each city, town, or community
	Families served by DO but who do not live in catchment area: *Alton North Bay, Franklin, Dover, Waterville East Valley, Manchester*	Fewer than 5 families in each city, town, or community

DO name	Town name	Est. # of families in SFY 19
Littleton 32 families total (3% outside the catchment area)	Littleton	9
	Woodsville	8
	North Haverhill, Bethlehem, Glencliff, Woodstock, Warren, North Woodstock, Haverhill, Lincoln, Benton, Lisbon	Fewer than 5 families in each city, town, or community
	Families served by DO but who do not live in catchment area: *Dalton*	Fewer than 5 families in each city, town, or community

DO name	Town name	Est. # of families in SFY 19
Manchester 340 families total (3% outside catchment area)	Manchester	330
	Families served by DO but who do not live in catchment area: *Barnstead, Campton, Concord, Derry, Farmington, Goffstown, Nashua*	Fewer than 5 families in each city, town, or community

DO name	Town name	Est. # of families in SFY 19
Rochester 229 families total (5% outside the catchment area)	Rochester	101
	Dover	41
	Farmington	25
	Barrington	12
	Milton	11
	Middleton	6
	Gonic	6
	Strafford	5
	East Rochester	5
	Rollinsford, Durham, Lee	Fewer than 5 families in each city, town, or community
	Families served by DO but who do not live in catchment area: *Somersworth, New Durham, Nottingham, Exeter, Portsmouth, Berlin, Hampton, Manchester*	Fewer than 5 families in each city, town, or community

DO name	Town name	Est. # of families in SFY 19
Seacoast 167 families total (4% outside the catchment area)	Somersworth	37
	Exeter	22
	Raymond	20
	Portsmouth	18
	Seabrook	11
	North Hampton	7
	Epping	7
	Hampton	7
	Newmarket	6
	Nottingham	5
	Northwood	5
	Danville	5
	Kingston, Newton, Brentwood, Rye, Deerfield, East Kingston, Fremont, Auburn, Newington, South Hampton	Fewer than 5 families in each city, town, or community
	Families served by DO but who do not live in catchment area: *Allenstown, Dover*	Fewer than 5 families in each city, town, or community

DO name	Town name	Est. # of families in SFY 19
Southern (including telework) 342 families total (3% outside the catchment area)	Nashua	156
	Derry	52
	Londonderry	19
	Milford	16
	Merrimack	15
	Hudson	15
	Salem	14
	Plaistow	8
	Sandown	8
	Bedford	6
	Windham	5
	Pelham	5
	Wilton, Windham, Litchfield, Hollis, Amherst, Hampstead, Brookline, Mason, Chester, Atkinson	Fewer than 5 families in each city, town, or community
	Families served by DO but who do not live in catchment area: *Manchester, Derry, Sandown, Mont Vernon, Londonderry, Somersworth, Billerica , Middleton, Windham*	Fewer than 5 families in each city, town, or community